

Congressman David P. Joyce

Congressional Internship Program

Name: _____

Home Address: _____

Contact Number: _____ Email: _____

Emergency Contact Name: _____ Number: _____

Academic Information:

Name of School: _____

Year in School: _____ Anticipated Graduation Date: _____

GPA: _____ Major: _____

Are you interested in obtaining credit for this internship? () Yes () No

If yes, list program requirements: _____

Internship:

() Summer Dates of Availability: _____

() Fall Dates of Availability: _____

() Spring Dates of Availability: _____

Hours per week: _____ If Part Time, days preferred: _____

Location: () Washington, D.C. Office () Mentor District Office () Twinsburg District Office

On a separate page, please write one or two paragraphs informing us why you would like to intern in a Congressional Office and more specifically, why you would like to intern for Congressman Joyce.

For questions, contact my Mentor Office at 440-352-3939 or my D.C. Office at 220-225-5731.

Please email, fax, or mail this form along with your resume to Congressman David P. Joyce:

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Mentor, OH 44060
Fax: 440-352-3622

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